

**APPLICATION FOR 2004 RENT RELIEF  
FOR THE ELDERLY OR PERSONS WITH DISABILITIES**

Enclosed are two application forms for the tax year 2004 for Rent Relief for the Elderly, or Persons with Disabilities. If you believe that you qualify under this program, **PLEASE FILL OUT ONE OF THE APPLICATIONS AND RETURN IT TO THE DIRECTOR OF FINANCE IN ROOM 212, CITY HALL, BY THURSDAY, APRIL 15, 2004**. The second form can be used as a work copy. **IN ORDER TO QUALIFY FOR RENT RELIEF, YOU MUST FILL OUT AN APPLICATION EACH AND EVERY YEAR**.

You may find it easier to fill in Section A (income) if you first complete your **2003 Federal and State income tax returns**. All applicants **must** submit a copy of their **2003 Federal Income Tax Return** with **ALL** related schedules and attachments. If you are not required to file a Federal Tax return, this provision does not apply to you. The **maximum limits** for this program are:

<b>Net Worth .....</b>	<b>\$150,000</b>
<b>Rent Relief Income.....</b>	<b>Up to \$40,000</b>
<b>Rent Relief Grant.....</b>	<b>\$420</b>

The first \$7,500 of disability income is exempt from the \$40,000 for rent relief income maximum, as is \$6,500 per relative (other than spouse) living in the household.

If you have any questions or need any other assistance, please call the Finance office at (703) 385-7870 and we will be glad to assist you. We will also be happy to notarize your application. There is no fee for this service.

Sincerely,

David E. Hodgkins  
Director of Finance

Director of Finance  
City Hall - Room 212  
Phone: (703) 385-7870

Application Date: \_\_\_\_\_

**APPLICATION FOR 2004 RENT RELIEF FOR THE  
ELDERLY OR PERSONS WITH DISABILITIES**

I/we wish to apply for the following Relief Program: (Check the appropriate box)

1. ☐ **Rent Relief for the Elderly**  
The applicant or spouse (living in the same household) is 65 years old or over and living in the City of Fairfax on December 31, 2003.
2. ☐ **Rent Relief for Persons with Disabilities** (see below)

**DISABILITY REQUIREMENT**

If this application for rent relief is based on being 100% permanently disabled, the applicant must attach a certification from the Social Security Administration, Veteran's Administration, the Railroad Retirement Board **OR** two medical doctors licensed to practice in Virginia, that the applicant is permanently and totally disabled as defined in Sections 70-35(b) and 90-75(b) of the City Code. A vehicle Handicapped sticker issued by the DMV is not considered a proof of disabilities.

If applying as a **RENTER**, the applicant must provide evidence of rent paid during the 2003 year.

**All applicants must fill out an application for rent relief each and every year for which the applicants are applying for assistance.**

The following are **not** eligible for Rent Relief:

1. Residents of rental properties owned and leased by the Redevelopment and Housing Authority, or by HUD.
2. Residents of a non-profit facility whose owners are exempted from payment of real estate taxes.
3. Public assistance recipients.
4. Persons already receiving assistance under a tax relief program.

### **ALL APPLICANTS**

The combined gross (before taxes) annual income for the 2003 calendar year of the applicant, spouse and **all** relatives residing in the household may **not** exceed \$40,000 for rent relief. The first \$6,500 of income of each relative other than the spouse shall not be included in the \$40,000 rent relief total. For persons with disabilities, the first \$7,500 of disability income shall not be included in the \$40,000 total.

The net worth of the applicant and his/her family may not exceed \$150,000.

### **The following rules apply to all applicants:**

1. **APPLICANTS, SPOUSES AND OTHERS LIVING IN THE HOUSEHOLD MUST SUBMIT A COPY OF THEIR SIGNED 2003 FEDERAL INCOME TAX RETURN INCLUDING ALL SCHEDULES AND ATTACHMENTS.**
2. If you receive **SOCIAL SECURITY** benefits, please submit a copy of your **Social Security statement for 2003**.
3. Also include copies (or originals from which copies may be made by the Finance office) of all **interest, dividend, annuity, stocks, bonds, pensions, certificates of deposit, or any other income statements** received by you and household members, for the Year 2003. (See item #1 on the cover page.)

### **INSTRUCTIONS TO ALL APPLICANTS**

The information required on this application must be filled out in its entirety and returned to the Director of Finance, Room 212, City Hall, Fairfax, Virginia 22030. **Applications for this current year must be filed by Thursday, April 15, 2004**. Spaces on the application that are not applicable to the applicant should be completed as "Not Applicable" (N/A), or "0.00" as indicated by the question. Questions that cannot be answered within the space provided may be answered by attaching additional sheets to this application. Written notification of approval or denial of this application will be mailed to the applicant. All information on the application is confidential and not available for public inspection. For information and assistance regarding these programs, please call (703) 385-7870. Free Notary service is available from the Finance office (Room 212) at City Hall.

**ALL APPLICANTS – PLEASE COMPLETE SECTIONS I AND II AND THE SECTIONS BELOW THAT PERTAIN TO YOUR APPLICATION.**

**I. PLEASE COMPLETE FOR ALL PERSONS RESIDING AT RESIDENCE**

	<b>NAME</b>	<b>RELATIONSHIP</b>	<b>DATE OF BIRTH</b>	<b>SOC. SEC. #</b>
1.		<b>APPLICANT</b>		
2.		<b>SPOUSE</b>		
3.				
4.				
5.				

**II. PLEASE COMPLETE THIS SECTION FOR RENT RELIEF ONLY**

6.	<b>ADDRESS:</b>	
7.	<b>MAILING ADDRESS (If different from residence):</b>	
8.	<b>TOTAL 2003 RENT PAID AT THIS ADDRESS: \$</b>	<b>DATE MOVED TO THIS ADDRESS:</b>
9.	<b>LIST OTHER ADDRESS(ES) LIVED IN DURING THE 2003 CALENDER YEAR:</b>	

**PLEASE FURNISH RENT RECEIPTS, CANCELLED CHECKS, OR A LETTER FROM YOUR APARTMENT MANAGEMENT STATING RENT AMOUNT PAID BY YOU FOR THE YEAR 2003. RENT RECEIPTS AND CANCELLED CHECKS WILL BE RETURNED TO YOU AFTER REVIEW.**

THE FOLLOWING APPLIES TO ALL APPLICANTS. PROOF OF ALL GROSS HOUSEHOLD INCOME FOR 2003 YEAR MUST BE FURNISHED.

<b>A. COMPLETE FOR APPLICANT AND SPOUSE ONLY (INCOME)</b>			
		<b>APPLICANT</b>	<b>SPOUSE</b>
10.	RENT RELIEF RECEIVED FROM PREVIOUS YEAR	\$	\$
11.	SALARY, WAGES, TIPS		
12.	SOCIAL SECURITY (INCLUDE MEDICARE)		
13.	INTEREST INCOME		
14.	DIVIDENDS (INCOME FROM STOCK)		
15.	PENSION, ANNUITY, IRA/401K		
16.	RENT(S) IDENTIFY ON BACK OF FORM		
17.	CAPITAL GAINS* (SEE BELOW)		
18.	OTHER INCOME – ALIMONY, CHILD SUPPORT		
19.	DISABILITY EXEMPTION (IF APPLICABLE)		
20.	TOTAL INCOME (ADD LINES 10 THROUGH 19)	\$	\$

  

<b>B. COMPLETE FOR RELATIVES LIVING IN HOUSEHOLD (INCOME)</b>			
		<b>RELATIVE 1</b>	<b>RELATIVE 2</b>
21.	SALARY, WAGES, TIPS	\$	\$
22.	SOCIAL SECURITY (INCLUDE MEDICARE)		
23.	INTEREST INCOME		
24.	DIVIDENDS (INCOME FROM STOCK)		
25.	PENSION, ANNUITY, IRA/401K		
26.	CAPITAL GAINS* (SEE BELOW)		
27.	OTHER INCOME – ALIMONY, CHILD SUPPORT		
28.	INCOME EXEMPTION ALLOWED	<\$6,500>	<\$6,500>
29.	TOTAL INCOME (ADD LINES 21 THROUGH 29)		
30.	TOTAL COMBINED INCOMES (ADD LINES 20 & 29)	\$	\$

### ASSETS AS OF DECEMBER 31, 2003 (C, D & E)

<b>C. ASSETS – LIST ANY REAL ESTATE OWNED</b>		
	<b>ADDRESS</b>	<b>MARKET VALUE</b>
31.		

  

<b>D. ASSETS – LIST VALUE OF MOTOR VEHICLES, BOATS</b>			
	<b>MAKE and MODEL</b>	<b>YEAR</b>	<b>VALUE</b>
32.			\$
33.			
34.			

\*Any increase in the value of stock or real estate between the time it was bought and the time it was sold.

**PROOF OF ASSET INFORMATION  
AS OF DECEMBER 31, 2003 MUST BE FURNISHED**

<b>E. ASSETS – LIST CASH VALUE OF <u>ASSETS</u> LISTED BELOW</b>			
		<b>APPLICANT</b>	<b>SPOUSE</b>
35.	SAVINGS ACCOUNTS	\$	\$
36.	CERTIFICATES OF DEPOSIT		
37.	CHECKING ACCOUNTS		
38.	MONEY MARKETS		
39.	STOCKS AND BONDS (ATTACH SEPARATE LIST)		
40.	MORTGAGE OR RENT PAYABLE TO APPLICANT		
41.	CASH VALUE OF ANNUITY		
42.	OTHER NOTES, ETC. PAYABLE TO APPLICANT		
43.	INDIVIDUAL RETIREMENT ACCOUNTS – 401K		
44.	VALUE OF OTHER REAL ESTATE (Line 34)		
45.	<b>TOTAL COMBINED ASSETS</b> (LINES 35 THROUGH 44)	\$	\$

**NOTE: SKIP THIS NEXT SECTION (F) IF TOTAL ASSETS ON THIS AND PREVIOUS PAGE (C, D & E) ARE LESS THAN \$150,000**

<b>F. LIST ONLY UNPAID BILLS AS OF DECEMBER 31, 2003</b>			
		<b>APPLICANT</b>	<b>SPOUSE</b>
46.	NET WORTH – LIABILITIES	\$	\$
47.	NOTES PAYABLE (IDENTIFY)		
48.	ACCOUNTS PAYABLE (BILLS, CHARGE ACCOUNTS)		
49.	TAXES DUE (FEDERAL, STATE, OTHER)		
50.	OTHER DEBTS (SPECIFY)		
51.	REAL ESTATE MORTGAGES (Yearly payment)		
52.	OTHER		
53.	<b>TOTAL LIABILITIES FOR APPLICANT &amp; SPOUSE</b> (ADD LINES 46 THROUGH 52)	\$	\$
<b>TOTAL LIABILITIES OF APPLICANT &amp; SPOUSE</b>		\$	
<b>COMBINED NET WORTH (SUBTRACT LIABILITIES FROM TOTAL COMBINED ASSETS)</b>		\$	

## AFFIDAVIT

I/We \_\_\_\_\_ declare  
that the statements and figures herein given are true, full and correct to the best  
of my/our knowledge and belief.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

COMMONWEALTH OF VIRGINIA  
CITY/COUNTY OF FAIRFAX, to wit:

I hereby certify that \_\_\_\_\_  
personally appeared before me in the City and State aforesaid, who being first  
duly sworn by me, acknowledged the signature(s) to the foregoing affidavit to be  
his/her/their own and stated that on information and belief the said statements  
are true and correct.

Subscribed and sworn to before me, the undersigned Notary Public, in my city  
and State aforesaid on this, the \_\_\_\_\_ day of \_\_\_\_\_, 2004.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_